BENEFITS
FREQUENTLY ASKED QUESTIONS

HEALTH INSURANCE

Q. Does my health insurance cover all of my family members including my parents?

A. No, group health insurance is solely reserved for you, your spouse and dependents under the age of 22 (if not a full-time college student) or age 25 (if a full-time college student).

Q. What is the difference between in-network care vs. out-of-network care?

A. If you elect to use a health care provider out-of-network, you will be required to pay a deductible per year based on your coverage type. Usually there is no deductible or a significantly smaller deductible for in-network care. In addition, co-payments for out-of-network office visits and services are usually higher.

Q. Is dental and optical coverage included in my health coverage?

A. Yes, dental and vision coverage are combined with the health insurance program that you select. These new plans will not have an impact on the comprehensive dental and optical insurance that some employees may have through either their collective bargaining agreement or through the District. The health plan will typically coordinate benefits with the optical or dental plan to ensure employees are paying the least out-of-pocket expenses possible.

Q. What is a primary care physician?

A. A primary care physician (PCP) is considered a physician with a concentration in Internal Medicine, Family Practice or Pediatrics. In an HMO, all care must be coordinated through your PCP.

Q. What is the difference between an HMO and a PPO?

A. An HMO refers to an organized system of healthcare that provides directly or arranges for a comprehensive range of basic and supplemental health care services on a prepaid and fixed periodic basis. A PPO refers to a type of plan that provides employees with the flexibility of selecting in-network and out-of network health care providers that provide a comprehensive range of services. This type of plan provides a financial incentive for employees who choose in-network care.

Q. If my employment terminates, can I continue health insurance coverage for my family and myself?

A. Yes, you may continue coverage under Temporary Continuation of Coverage (TCC) for you and your dependents for at least 18 months, provided you were previously covered. TCC is also known as COBRA.

Q. Can I enroll in the health insurance plan at any time?

A. No, you may enroll in the health insurance plan only during the benefits open enrollment period. However, if you have a qualifying event such as a status change, marriage, adoption, or divorce, you may enroll within 30 days of that event.

Q: I want to maintain my current health insurance coverage under Aetna US Healthcare. What do I need to do?

A. If after reviewing your new health insurance options you decide to continue with your current plan, you do not need to submit any paperwork. Your current coverage will automatically continue.

FLEXIBLE SPENDING ACCOUNTS

Q. How do I know if either of the Flexible Spending Accounts is right for me?

A. A flexible spending account is right for you if you have medical expenses that are not covered by your health insurance plan or if you pay for a dependent care program. You can elect up to $1,500 per year for health expenses and up to $5,000 per year for dependent care. The elected amounts are deducted from your paycheck in equal installments on a pre-tax basis.

Q. What types of expenses are considered eligible for the healthcare account?

A. A wide variety of items and services may be reimbursable. Examples of items include, but are not limited to: dental, vision and hearing services, medications, co-payments, medically prescribed treatments, and smoking cessation programs. A detailed list is included in the enclosed brochure about the Flexible Spending Accounts.

Q. What happens to the money in my account if I do not use it by the end of the calendar year?

A. Under IRS rules, you will forfeit any money that is unused at the end of the calendar year; therefore, employees are encouraged to plan cautiously.

Flexible Spending Account election forms must be completed every year that you elect to participate. An enrollment form is included in this open enrollment packet.

LIFE INSURANCE

Q. Can I add or change life insurance coverage during this open enrollment period?

A. No, you may not change your current life insurance election during this open enrollment period. The life insurance open enrollment period for employees covered by the District's life insurance program coincides with the federal government's program. The District will notify employees via separate memorandum when this period begins.

However, you should review your current beneficiary designation by reviewing your beneficiary election form, which is located in your official personnel file. Changes to beneficiaries can be done at any time. Forms are available on our web site at www.dcop.dcgov.org/forms.asp.

Q. If I terminate employment, can I take my current life insurance coverage with me?

A. Yes, an employee can convert the group coverage policy into an individual whole life policy by completing a life insurance conversion form within 31 days of termination.

Q. Can I obtain life insurance coverage for my family members?

A. Yes, you may purchase optional life to cover your spouse or children, but only during the open enrollment period for life insurance. However, if you have a qualifying event including, but not limited to, marriage, divorce, adoption, or birth of a child, you may enroll within 30 days of that event.

DENTAL AND OPTICAL PLANS

Q. Who are the PROVIDERS?

A. **GREATER WASHINGTON DENTAL SERVICES, Inc. (GWDS)**
7826 Eastern Avenue, NW Washington, D.C. 20012
Customer Service: (202) 726-2447
www.gwds-inc.com

QUALITY PLAN ADMINISTRATORS, Inc. (QPAI)
6101 16th Street, NW #418 Washington, DC 20011
Customer Service: 1-800-900-4112 or (202) 722-2744
www.qualityplanadmin.com

Q. Who is ELIGIBLE?

A. Non-union employees and union employees covered by the Compensation Unit 1 and 2 Agreement.

Q. Who are eligible DEPENDENTS?

A. Eligible dependents include: Employee's spouse; unmarried children under 19 years, or through 23 years if a full-time student; other children as defined as dependents under the Federal Employees Health Benefits Program.

An unmarried child, 19 years of age or older may continue to be eligible as a dependent if he or she is documented as incapable of self-support due to mental or physical incapacity that existed prior to the child's 19th birthday.

Documentation MUST be provided for foster children, full-time students ages 19-23 years, and incapacitated dependents.

Q. How do I ENROLL in the plan?

A. Employees must complete the Enrollment Form and return it to the **Office of Compensation and Benefits.** The Enrollment Form will be forwarded to the dental and optical providers. Each employee will then receive a benefit summary booklet and instructions, Provider Directory, and identification cards.

Q. How do I SELECT a dentist or optician?

A. Employees will receive Provider Directories that include participating dentists or opticians; from these directories, select your dentist and optician. When making an appointment, inform the office that you are a GWD or QPAI plan member. Be sure to always have GWD or QPAI identification card with you when you go for your scheduled appointment. You can change your dentist or optician selection by calling the customer service numbers.

Q. Will I have CO-PAYMENTS?

A. YES. See the dental and optical benefit summary booklets for a detailed schedule of co-payments.

For more detailed benefits information, please call the customer service lines listed above or check your Certificate of Coverage